

APPLICATION FOR KEY DEPOSIT FUND

- 1) Agency \_\_\_\_\_
- 2) Name of fund or account \_\_\_\_\_  
Fund or account number \_\_\_\_\_
- 3) Date fund or account established \_\_\_\_\_
- 4) Proposed amount of key deposit \_\_\_\_\_
- 5) Explain how the proposed key deposit amount was determined \_\_\_\_\_  
\_\_\_\_\_
- 6) How are disbursements from the fund or account controlled? \_\_\_\_\_  
\_\_\_\_\_
- 7) Estimate of projected total amount in key deposit fund \$ \_\_\_\_\_
- 8) Estimate of projected cash on hand in key deposit fund \$ \_\_\_\_\_
- 9) Current balance of the fund as of \_\_\_\_\_, 20 \_\_\_\_ \$ \_\_\_\_\_
- 10) Type of interest bearing account and rate \_\_\_\_\_
- 11) Where and how are funds deposited: Name of financial institution(s) and account(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Date financial institution account(s) approved by Pooled Money Investment Board \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Chief Accounting Officer of the State Agency)

\_\_\_\_\_  
(Date)

Approved:

\_\_\_\_\_  
(Director of Accounts and Reports)

\_\_\_\_\_  
(Date)